

TIVERTON POLICE DEPARTMENT

Thomas Blakey
Chief of Police

TIVERTON POLICE DEPARTMENT

REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date:_____ Request Nmber:_____

Name(optional) _____

Address(optional) _____

Telephone(optional) _____

Requested Records: _____
(Please include date
Of incident/Accident
Or Arrest Requested)

If these records are not readily available at the time of your request, you will be contacted by phone when they become available for pick up.

Office Use

Request taken by:_____ Date:_____ Time:_____

Request via Walk-In_____ Request via Phone_____ Request via Fax _____

Date Records Available:_____ Date phoned :_____

State Accident Forms Provided _____ Contact Made:_____ Message Left:_____

Date Records Provided: - _____ Pages:_____ Cost:_____

Records Left with Dispatch for Pick-Up _____ Records Mailed _____

Records Faxed _____